



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

INFORMATIONAL LETTER NO. 706

DATE: April 28, 2008

TO: Iowa Medicaid Dental Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: Billing for Partial Dentures
Fee Adjustment for Partial Dentures

EFFECTIVE: June 1, 2008

Billing

Medicaid allows for coverage of removable partial dentures to:

- 1) Replace a missing anterior tooth, or
- 2) When there are fewer than eight posterior teeth in occlusion and prior approval has been obtained.

Medicaid allows for coverage of fixed partial dentures when:

- 1) The missing teeth criteria noted above are met, and
- 1) The member has a medical condition that precludes the use of a removable, and
- 2) Prior approval has been obtained.

In order to enable more efficient and accurate claims processing, programming changes have been made to the Medicaid claims payment system. Anterior removable partial dentures should be billed using the appropriate maxillary/mandibular code in Box 29 and one of the missing anterior teeth numbers in Box 27 on the claim form. Effective July 1, 2008, claims for removable posterior partials, fixed anterior partials and fixed posterior partials must have prior approval granted. Box 2 must contain the approved prior authorization number. The appropriate code for maxillary and/or mandibular partial denture should be used.

Fee Adjustment

Medicaid fees for cast metal framework and flexible base partial dentures will be adjusted effective June 1, 2008 as follows. Budgetary constraints necessitate that any fee adjustments must be done in a budget neutral manner. Therefore, in order to adjust the fee for the flexible base partials, the fee for the cast metal framework partials had to be slightly reduced. The calculations were based on utilization of each of the following codes and expenditures.

<u>Code</u>	<u>Description</u>	<u>Current Fee</u>	<u>New Fee</u>
D5213	Maxillary partial, cast metal framework	\$596.86	\$594.25
D5214	Mandibular partial, cast metal framework	\$596.86	\$594.25
D5225	Maxillary, flexible base	\$257.27	\$507.33
D5226	Mandibular, flexible base	\$334.45	\$507.33

If you have any questions, please contact IME Provider Services at 1-800-338-7909, locally 515-725-1004 or by e-mail at imeproviderservices@dhs.state.ia.us